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ABSTRACT

While children are ready for school by virtue of having attained the chronological age for school entry established by the state, school readiness refers to the conditions that promote their readiness to succeed in school. Wisconsin is one of 17 states participating in the National School Readiness Indicators Initiative, the aim of which is to build an agenda for improving school readiness and ensuring early school success. Based on the initiative, this report provides a definition of school readiness, a comprehensive set of indicators that operationalize school readiness, the data available in the State, and an overview of data still needed to complete the picture of school readiness in Wisconsin. The indicators comprising the School Readiness Outcomes Framework, and their relevance to early education, are detailed in the areas of: (1) Responsiveness--family and community support for school readiness, including health care and physical development, family resources, early care and education, and community conditions; (2) Receptiveness--school's readiness for children, including teacher training and professional development, school policies and environment, transition practices, and classroom environments; and (3) Ready Children, including health and physical development, social and emotional development, approaches to learning, language development and communication, and cognition and general knowledge. The report concludes with recommendations for the state to adopt a broad definition of school readiness, adopt the School Readiness Outcomes Framework, and commit to the development of a comprehensive, interdepartmental data infrastructure that supports the School Readiness Outcomes Framework. The report concludes with a table of data on the school readiness indicators. A list of members of the Wisconsin School Readiness Indicators Initiative Steering Committee is appended. (Contains 27 references and 6 Internet resources on school readiness.) (HTH)

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WISCONSIN SCHOOL READINESS INDICATOR INITIATIVE:

THE STATUS OF SCHOOL READINESS INDICATORS IN WISCONSIN

SUBMITTED TO

THE OFFICE OF THE GOVERNOR and THE WISCONSIN DEPARTMENTS OF HEALTH AND FAMILY SERVICES PUBLIC INSTRUCTION WORKFORCE DEVELOPMENT

BY

THE WISCONSIN COUNCIL ON CHILDREN AND FAMILIES, INC.

on behalf of

THE WISCONSIN SCHOOL READINESS INDICATORS INITIATIVE STEERING COMMITTEE

September 2003

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Wisconsin School Readiness Indicators Initiative: The Status of School Readiness Indicators in Wisconsin

Executive Summary

This report of the *Wisconsin School Readiness Indicators Initiative* (WISRII) presents a comprehensive definition of school readiness, a set of indicators with proven relevance to school readiness, and an assessment of the current availability of state administrative data on these indicators. It represents an important first step in building a statewide infrastructure to monitor and improve the readiness of Wisconsin children to succeed in school.

Wisconsin is one of seventeen states participating in *the National School Readiness Indicators Initiative*, whose aim is to build an agenda for improving school readiness and ensuring early school success. The national initiative is supported by the David and Lucille Packard Foundation, the Ewing Marion Kauffman Foundation and the Ford Foundation. In Wisconsin, this work is designed to occur in three phases over two years (2002-2004). Phase 1 involved defining and developing a set of indicators relevant to school readiness, with recommendations for data infrastructure development; this work is reflected in the current report. Phase 2 will involve the identification and assessment of state policies that affect school readiness, with recommendations for policies that would improve school readiness. In Phase 3, the WISRII will develop a school readiness policy agenda and plans for monitoring and improving school readiness indicators.

A Steering Committee appointed to guide this work includes representatives from the Governor's Office; the State Departments of Workforce Development, Health and Family Services, and Public Instruction; the Head Start State Collaboration Office; the Wisconsin Early Childhood Association; the University of Wisconsin-Madison School of Education; Parents Plus of Wisconsin; and the Wisconsin Council on Children and Families, Inc., as well as the broader state community.

The definition of School Readiness adopted by the committee is comprehensive, reflecting the latest research and practice-based evidence on what children need in order to be ready to succeed in school:

While all children are ready for school by virtue of having attained the chronological age for school entry established by the state, school readiness refers to the conditions that promote their readiness to succeed in school.

Three conditions were identified as most relevant to promoting school readiness:

- ***Responsive*** families and communities;
- ***Receptive*** schools; and
- ***Ready children***.

Nearly one hundred indicators that have an impact on school readiness are included here, using data from state administrative sources. The indicators are organized around a School Readiness Outcomes Framework that encompasses the conditions of school readiness. [See Table 1.]

An assessment of available state administrative data indicates that the state does a commendable job of collecting and reporting on data related to the first condition (responsive families and communities). However, much work needs to be done to improve data collection on indicators relevant to receptive schools and ready children. The foundation exists to develop a data infrastructure based on the framework presented in Table 1, and there are several opportunities currently available to begin this work.

As a result of this year-long indicator development and data assessment effort, the WISRII Steering Committee presents the following recommendations to the three State departments (Health and Family Services, Public Instruction and Workforce Development) whose missions encompass areas of school readiness:

1. Adopt the broad conceptualization of school readiness as presented in this report. This reflects the latest research and practice-based evidence regarding the conditions necessary for children to be successful in school.

2. Adopt the school readiness outcome framework presented in this report, inclusive of the listed relevant indicators. This framework presents a comprehensive approach to assessing and monitoring school readiness.

3. Commit to the development of a comprehensive data infrastructure across departments that would provide an evidence-based approach to problem solving, policy development and program improvement in areas related to school readiness.

It is recommended that these be adopted within the current year, through a Memorandum of Understanding among the three departments. Identifying and improving the conditions that lead to school readiness is possible only with an evidence-based, outcome-focused approach that spans the missions of each of the three departments. The WISRII has provided the framework for the State of Wisconsin to adopt such an approach.

Table 1. School Readiness Outcome Framework

School Readiness Component	Outcome Area	Outcome	Indicators	State Department Responsible for Data Collection
Responsive families and communities	Health Care and Physical Development	Children receive the health care and nutrition services they need for healthy development.	• Health Insurance coverage • Prenatal care • Maternal health behaviors • Healthy Births • Access to health care services • Health & developmental screening • Nutrition • Chronic health conditions	Health and Family Services
	Family Resources	Families have access to resources needed to support their children's growth and development.	• Family income • Parental employment • Poverty • Maternal education • Early parenthood • Family support • Parent education	Health and Family Services and Workforce Development
	Early Care and Education	All children have access to quality early care and education programs. Children at developmental and/or social risk receive early intervention services.	• Availability (supply and demand) • Quality attributes (education and training, wages and turnover; accreditation) • Affordability	Health and Family Services, Public Instruction and Workforce Development
	Community Conditions	Children grow up in safe and stable environments.	• Crime rate • Family violence incidence rate • Child abuse/neglect rate • Children in high poverty neighborhoods	Health and Family Services, Justice
Receptive Schools	Teacher Training and Professional Development	Teachers have the knowledge, skills and resources to effectively work with children.	• Teacher licensing status • Access to relevant professional development opportunities • Participation rate in professional development opportunities	Public Instruction
	School Policies and Environment	Schools partner with families and communities.	• Parent involvement policies • School-community partnerships (family support, before and after school programs • Student policies (retention, suspension)	Public Instruction
	Transition Practices	Schools promote smooth transitions from home and other early learning environments.	• Transition policies (home to school, early care and education programs to school)	None
	Classrooms	Classes are designed to optimally reinforce and extend children's strengths.	• Class size • Teacher-child ratio	Public Instruction
Ready Children	Health and Physical Development	Children are physically active, physically healthy and effectively care for their physical well being.	• Developmental Proficiency (small, gross and sensory motor skills development; knowledge of self-care and components of a healthy lifestyle)	None
	Social and Emotional Development	Children have the social and emotional competencies needed to succeed in school.	• Developmental Proficiency (emotional development; self concept; social competence)	None
	Approaches to Learning	Children use approaches to learning that prepare them to succeed in school.	• Developmental Proficiency (curiosity, engagement & persistence; invention & imagination; cognitive skills)	None
	Language Development and Communication	Children have the language and communication skills needed to succeed in school.	• Developmental Proficiency (listening and understanding; speaking and communicating; early literacy) • Speech/language impairment • 3rd grade reading test	Public Instruction
	Cognition and General Knowledge	Children have the cognitive skills needed to succeed in school.	• Developmental Proficiency (mathematical and logical thinking; scientific thinking and problem solving; social systems understanding)	None

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WISCONSIN SCHOOL READINESS INDICATOR INITIATIVE: THE STATUS OF SCHOOL READINESS INDICATORS IN WISCONSIN

Introduction

Purpose of the Initiative

The Wisconsin School Readiness Indicators Initiative (WISRII), funded by the Ford Foundation, is one of seventeen state-based projects charged with developing and reporting on a statewide set of school readiness indicators. The Office of the Governor and three State departments (Workforce Development, Health and Family Services, and Public Instruction) have collaborated with representatives of nonprofit organizations and the University of Wisconsin-Madison to develop this set of indicators. The three-year Initiative is facilitated and staffed by the Wisconsin Council on Children and Families, Inc., through a contract with the Department of Workforce Development.

WISRII oversight is provided by a Steering Committee that includes representatives from the Office of the Governor, the State Departments of Health and Family Services, Public Instruction and Workforce Development, and the University of Wisconsin-Madison. The Steering Committee also includes representatives of the Wisconsin Early Childhood Association, the Wisconsin Head Start State Collaboration Project, the Madison Metropolitan School District, Parents Plus of Wisconsin, and the broader state community. [See Appendix 1 for Steering Committee members.] Nationally, the Initiative is supported by the David and Lucille Packard Foundation, the Ewing Marion Kauffman Foundation and the Ford Foundation.

The goals of the *Wisconsin School Readiness Indicators Initiative (WISRII)* are:

1. To identify and use child well-being and related indicators to

    a. Describe child, family and school/community conditions related to school readiness.
    b. Measure progress in improving conditions related to school readiness.
    c. Improve programs for children and families that affect school readiness.
    d. Monitor the impact of investments and policy choices that affect school readiness.

2. To act as a catalyst for the promotion of policies that ensure early school success for children from birth through age eight.

Objectives for achieving these goals include:

(1) *Adoption* of a definition of school readiness that encompasses child, school and family/community conditions;
(2) *Identification* of a set of indicators related to school readiness;
(3) *Collection* of data on these indicators and assessment of indicators for which data are not collected;
(4) *Development* of recommendations for a comprehensive data infrastructure;
(5) *Identification and development* of strategic alliances with relevant stakeholders to implement recommendations; and
(6) *Providing a baseline of policy and program data to* stimulate state-level action needed to improve school readiness.

This report provides a definition of school readiness, a comprehensive set of indicators that operationalize school readiness, the data available in the State, and an overview of data needed to complete the picture of school readiness in Wisconsin. It is hoped that information and baseline data presented in this report will encourage the State to (1) promote a broad approach to school readiness and (2) review its current data collection efforts and initiate additional efforts – both in data collection and monitoring and in policy assessment - needed to monitor the condition

of children as they enter school. These are crucial first steps toward an evidence and outcome based approach to school readiness, and should take place over the next year.

National Context

Understandings of school readiness have been controversial and challenged in the past decade, as new formulations about the relationship between development and learning have emerged. These approaches suggest that learning and development are intertwined, with learning stimulating development rather than development being a prerequisite to learning.

The work of the National Education Goals Panel significantly advanced the concept of school readiness.

Historically, the concept of "school readiness" has been used to refer to two distinct concepts, ready to learn and ready for school.[1] *Ready to learn* referred to the developmental level at which "an individual has the capacity to undertake learning of specific material." *Ready for school* referred to a fixed standard of physical, intellectual and social development that enabled children to meet school requirements and achieve curriculum standards. Both of these approaches focused on child, or student, readiness. They evolved into the concept of *maturational readiness*, which holds that children should be expected to achieve a specified standard prior to school entry. The concept of maturational readiness suggested that, since school content is fixed but children do not develop at the same rate, not all children are ready for school at the same chronological age. This view gave rise to the perceived need to assess children to determine their "readiness" for school.

Although school readiness has long been an aim of Head Start and other early childhood programs, it moved onto the national agenda in 1989, with the establishment of the National Education Goals Panel (NEGP). The purpose of the NEGP was to monitor the nation's progress in meeting the six national education goals established by President Bush and the nation's governors. These goals also served as the foundation for the Goals 2000 legislation promoted by President Clinton. The first of the six national goals was "by the year 2000, all children in America will start school ready to learn." The NEGP established resource and technical planning groups to assist them in carrying out their charge. The work of these groups significantly advanced the nation's current concept of school readiness in the following areas:

1. Advancing readiness as a condition of individuals *and institutions*;
2. Focusing on the *conditions needed* for children to be ready for school;
3. Specifying the *dimensions of early development* that constitute school readiness in a child; and
4. Highlighting the critical *role of schools* in school readiness.

The national *School Readiness Indicators Initiative* is helping states to advance and apply the findings of the Goal 1 Resources and Technical Planning Groups of the National Education Goals Panel. Other states participating in the initiative include Arkansas, Arizona, California, Colorado, Connecticut, Kansas, Kentucky, Massachusetts, Maine, Missouri, New Hampshire, New Jersey, Ohio, Rhode Island, Vermont and Virginia.[2]

Other significant influences that brought school readiness to the national agenda include the high rate of maternal employment and the developing research base on early childhood intervention. In 2002, only 38 percent of children aged birth to five were cared for solely by their parents.[3] Nearly two-thirds of all children age five and under were in out of home care, whether in center-

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[1] *Improving the Readiness of Children for School: Recommendations for State Policy*. S.L. Kagan and E. Rigby: National Center for Children and Families, Teachers College, Columbia University. Center for the Study of Social Policy: January 2003.

[2] Information on the progress of each state may be found online at www.gettingready.org.

[3] *America's Children: Key National Indicators of Well Being, 2002.*

based, relative or family-based nonrelative settings. In addition, recent research on early childhood intervention has emphasized the importance of early brain development; the potential cost savings associated with high quality early intervention; and the learning gap between poor and more affluent children based on environmental influences.[4]

The National Governors' Association, the Education Commission of the States, the Council for Chief State School Officers and the National Conference of State Legislatures, among others, have developed national initiatives advancing this concept of school readiness.

Context within Wisconsin

The current school readiness indicators initiative in Wisconsin builds on the work of the Wisconsin Commission on Schools for the 21st Century, formed in 1990. The Commission's report, *A New Design for Education in Wisconsin*, submitted to the Governor and the Superintendent of Public Instruction in December 1990, contained a list of recommendations made by the Student Readiness Committee, including:

- implement structures for state level interagency coordination;
- establish a community foundation for early childhood systems;
- develop early childhood foundations within schools; and
- integrate social and educational policies with parent education, resources and support.

> *It has become increasingly clearer that schools, social services and families are partners in "readiness." Parents must provide a foundation to get children ready for school, the schools must be ready for each child and an umbrella of social/health services must be available to serve the needs of the children and their families, all within a collaborative mode of services based on individual needs.*
>
> Wisconsin Commission on Families and Children, Student Readiness Committee Final Report, March 1993

In response, the Governor created a Commission on Families and Children in 1991 to oversee Wisconsin's initiatives for children and their families. The Student Readiness Study Committee was charged with determining how well health and social welfare programs help prepare children for school, identifying what areas needed improvement in preparing children for school, and proposing collaborative efforts between schools and social welfare agencies that would improve student readiness.

In its efforts to identify existing state programs that help prepare children for school, and determine how well those programs work, the committee noted the "difficulty in identification of programs was compounded by the fact that there was no one source for such information." Further, "the programs and funding patterns for young children and their families are complex, fragmented, categorical and uncoordinated."

Current state initiatives on which the School Readiness Indicator Initiative builds include:

- *Wisconsin Early Childhood Collaborating Partners*, a collaborative focused on developing a comprehensive system of early childhood education and care.
- *Forces for Four*, Wisconsin's initiative for universal four-year-old kindergarten.
- The *Wisconsin Child Care Research Partnership*, one of nine national research partnerships studying child care quality for low-income children.
- The *Wisconsin Brain Team*, which aims to bring relevant research on early brain development to child caregivers across the state, applying the research to best practices.

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[4] *From Neurons to Neighborhoods: The Science of Early Childhood Development.* National Research Council and Institute of Medicine, Jack P. Shonkoff and Deborah A. Phillips, ed.: National Academy Press, 2000; and *Long-term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest,* Arthur J. Reynolds; Judy A. Temple; Dylan L. Robertson and Emily A. Mann. JAMA (May 9, 2001): 285:2339-2346.

- *Community Collaborations for Children: The School Readiness Project* of the University of Wisconsin-Extension, which has developed community planning processes to assist local communities to improve school readiness.
- The *Wisconsin Child Care Data Sharing Project*, which aims to develop a statewide research infrastructure for the analysis, interpretation and sharing of administrative child care data from multiple state sources.
- The Department of Public Instruction's development of *Early Learning Standards* that will establish a shared framework of developmental expectations for young children.
- The federal *Early Childhood Service Systems* grant recently awarded to the Bureau of Family and Child Health in the Department of Health and Family Services.

Building on these initiatives, as well as using the current data system capacity available in each of the state departments, will further the goal of assuring all children enter school ready to succeed.

Process

The work of the Wisconsin School Readiness Indicators Initiative (WISRII) is designed to occur in three phases: Phase 1 consisted of defining and developing a comprehensive set of indicators of school readiness; collecting and reporting on available data; and assessing the need for additional data infrastructure development. Phase 2 involves the identification and assessment of state policies that affect school readiness, with recommendations for policies that would improve school readiness. Phase 3 calls for the development of a school readiness policy agenda and plans for monitoring and improving school readiness indicators. This report reflects Phase 1 activities.

To accomplish the work of Phase 1, the WISRII Steering Committee met several times over the past year to achieve consensus on a definition of school readiness and to finalize a set of related indicators for which statewide data could be collected

Indicators were selected based on their relevance, reliability and validity in reflecting components of school readiness.

The set of indicators presented here was determined by researching the relevancy and meaningfulness of a broad array of child well-being indicators, indicators that reflected best practices for schools, and community support indicators found to be directly relevant to school readiness. Some indicators are universal, reflecting the status of all children in the defined age range, while others report on targeted populations that are most at-risk for negative outcomes in a particular area. This research was followed by a winnowing process in which the number of indicators was reduced to a manageable size. Considerations at this stage included assuring that indicators were balanced across all school readiness components, were measured on a regular basis so as to be monitored over time, and whose relevance could be easily understood by a variety of audiences.

Finally, state agencies were asked to supply administrative data for the selected indicators, and to identify those indicators for which they did not collect data. This report summarizes the relevant research related to the final set of indicators, reports out on the indicators for which the state collects data, and provides recommendations for ongoing monitoring of the status of school readiness in the state. It is anticipated that, as the state agencies take on this work, further indicator refinement may occur.

School Readiness in Wisconsin

Definition of School Readiness

While all children are ready for school by virtue of having attained the chronological age for school entry established by the state, school readiness refers to the conditions that promote their readiness to succeed in school.

This statement reflects the consensus of the WISRII Steering Committee, based on current research and evidence and grounded in the values and beliefs of citizens of this state. It recognizes that children's early environments and experiences are key factors in their school success, as are a school's receptiveness and family/community support. It supports the concept of readiness as relational, rather than reflecting a particular quality or set of characteristics in a child. Finally, it reinforces the belief that schools, communities and families each play important roles as a child develops the skills and competencies needed to succeed in school.

The conditions that promote school readiness include:

- The ***responsiveness*** of families and communities to children – this includes access for all young children to quality early care and education, parent support, and availability of adequate nutrition and health care for all young children.

- The ***receptiveness*** of schools as they serve children – this includes the presence of transition policies from home to the formal school environment, continuity between early care and education settings and schools, schools' commitment to the success of all children and teachers; and partnerships with communities.

- ***Ready*** children – this includes children's proficiency in developmentally appropriate competencies and skills across the five dimensions of early development and learning (health and physical development, social and emotional development, approaches to learning, language and literacy development, and cognitive skills and general knowledge.

Definition of Terms

Outcome	Desired condition of interest. *Example:* All children are healthy.
Indicator	A specific, measurable item that describes (quantifies) a condition of interest. Indicators may be used to describe conditions, to inform planning and policy making, to measure progress, to improve programs and to monitor the impact of investments and policy choices. Relevant indicators are those for which a known relationship exists between a selected indicator and a condition of interest. Several indicators may be needed to measure the status of a particular outcome. *Example*: "Percent children fully immunized at school entry."

School Readiness Outcome Framework

Table 1 summarizes the outcome areas, outcomes and indicators for which the Wisconsin School Readiness Indicators Initiative recommends baseline data be collected and monitored over time. Not all of the outcomes have indicators developed, and data are not routinely collected for many indicators that have been developed. The table indicates whether or not data on the listed indicators are collected and the State department responsible for data collection.

As will become apparent, data were readily available for most of the indicators included in the *Responsive Families and Communities* component of the framework, as these are primarily child well being indicators for which the state has been collecting data for over a decade. Data regarding children in early care and education settings, and on quality attributes related to those settings, were more difficult to obtain and in many instances were unavailable. The same holds true for indicators related to *Receptive Schools* and *Ready Children*. Following the Outcome Framework, the next section provides a brief overview of the research-based relevancy of the indicators selected and summarizes data availability for those indicators. Sources for the general relevancy statements are listed at the end of the report.

Table 1. School Readiness Outcome Framework

School Readiness Component	Outcome Area	Outcome	Indicators	State Department Responsible for Data Collection
Responsive families and communities	Health Care and Physical Development	Children receive the health care and nutrition services they need for healthy development.	• Health Insurance coverage • Prenatal care • Maternal health behaviors • Infant mortality • Healthy Births • Access to health care services • Health & development screening • Nutrition • Chronic health conditions	Health and Family Services
	Family Resources	Families have access to resources needed to support their children's growth and development.	• Family income • Parental employment • Poverty • Maternal education • Early parenthood • Family support	Workforce Development and Health and Family Services
	Early Care and Education	All children have access to quality early care and education programs. Children at developmental and/or social risk receive early intervention services.	• Availability (estimated demand, capacity and enrollment) • Quality attributes (caregiver education & training, wages & turnover rates; accreditation) • Affordability (cost of care)	Workforce Development, Health and Family Services, and Public Instruction
	Community Conditions	Children grow up in safe and stable environments.	• Crime rate • Family violence incidence rate • Child abuse/neglect rate • Children living in high poverty neighborhoods	Health and Family Services, Justice
Receptive Schools	Teacher Training and Professional Development	Teachers have the knowledge, skills and resources to effectively work with children.	• Teacher licensing status • Access to and participation rate in relevant professional development opportunities	Public Instruction
	School Policies and Environment	Schools partner with families and communities.	• Parent involvement policies • School-community partnerships (family support, before and after school programs • Student policies (retention, suspension)	Public Instruction
	Transition Practices	Schools promote smooth transitions from home and other early learning environments.	• Transition policies (home to school, early care and education programs to school)	None
	Classrooms	Classes are designed to optimally reinforce and extend children's strengths.	• Class size • Teacher-child ratios	Public Instruction
Ready Children	Health and Physical Development	Children are physically active, physically healthy and effectively care for their physical well being.	• Developmental Proficiency (small, gross and sensory motor skills development; knowledge of self-care and components of a healthy lifestyle)	None
	Social and Emotional Development	Children have the social and emotional competencies needed to succeed in school.	• Developmental Proficiency (emotional development; self concept; social competence)	None
	Approaches to Learning	Children use approaches to learning that prepare them to succeed in school.	• Developmental Proficiency (curiosity, engagement & persistence; invention & imagination; cognitive skills)	None

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School Readiness Component	Outcome Area	Outcome	Indicators	State Department Responsible for Data Collection
	Language Development & Communication	Children have the language and communication skills needed to succeed in school.	• Developmental Proficiency (listening and understanding; speaking and communicating; early literacy) • Speech/language impairment • 3rd grade reading test	Public Instruction
	Cognition and General Knowledge	Children have the cognitive skills needed to succeed in school.	• Developmental Proficiency (mathematical and logical thinking; scientific thinking and problem solving; social systems understanding)	None

I. Responsiveness: Family and Community Support for School Readiness

Why are family and community supports important?
The condition of children as they enter school depends on their early experiences, including a nurturing home environment and access to the supports needed for healthy development. In general, children who have adequate resources in the early years (0-8) are more likely to have positive school outcomes over time and to be productive citizens, as measured by increased independence and social confidence, less reliance on social services and higher earnings.[5]

I A. Health Care and Physical Development
Outcome:
Children receive the health care and nutrition they need for healthy development.

Health and physical development indicators and their relevance to school readiness

Indicator	Relevance
Access to Health Care	Children with health insurance are more likely to have a regular and accessible source of health care, necessary to maintain well being, and to use it.
Prenatal Care	Early and regular prenatal care encourages expectant mothers to engage in healthy behaviors. Women who receive early and consistent prenatal care are more likely to give birth to a healthy child of normal birthweight.
Maternal Health Behaviors	Children exposed *in utero* to known causes of developmental malformation are at high risk of developmental delays and/or disabilities. Nicotine, alcohol, narcotics and other drugs can enter the biological system of the fetus, placing it at high risk of negative birth and developmental outcomes, including low birthweight.
Infant Mortality	Indicator of quality and access to health care, and of the mother's health status; accepted internationally as a key indicator of community health.
Low Birthweight	Infants who are premature or who did not attain normal growth *in utero* are at higher risk for mortality, chronic illness, disability and developmental delays. Low birthweight has been associated with the presence of learning disorders and behavioral problems, along with grade retention and school failure in school age children.

[5] *America's Children: Key National Indicators of Well Being, 2002.*

Indicator	Relevance
Health and Developmental Screening	Many health problems in young children that affect development can be detected early through regular health and development screening. EPSDT (Early and Periodic Screening, Diagnosis and Treatment) is a required component of Medicaid, which provides for prevention and follow-up health services for low-income children. Screening for lead exposure, which adversely affects the cognitive development and behavior of young children, is targeted at populations with risk factors present. Elevated blood lead levels may result in lowered intelligence, behavior problems and diminished academic performance.
Immunizations	Many vaccine-preventable diseases are more common and more deadly among infants and small children. Children adequately immunized at age two are less likely to experience the negative consequences of childhood diseases in the years up to school entry (e.g., they are healthier and attend early care and education programs more regularly). Children not adequately immunized by two years are at greater risk of contracting illnesses.
Dental Care	Receipt of dental care is an indicator of accessibility of health care services. Untreated tooth decay results in nutritional problems and pain, and can lead to other health problems.
Nutrition	Infants and children who fail to receive adequate nutrition are more likely to experience slow growth, increased susceptibility to illness and neuro-developmental problems that impair learning.
Chronic Health Conditions	Chronic health conditions include asthma, fetal alcohol syndrome, obesity and iron deficiency anemia. Asthma is the most common chronic disorder among children, disproportionately affecting poor and minority children. Fetal alcohol syndrome is the most preventable cause of mental retardation. Obesity in young children leads to obesity in adulthood, with attendant medical and psychosocial risks. Iron deficiency anemia is an indicator of poor nutrition.

Where do we stand?
Table 2, *School Readiness Indicator Data*, located at the end of this report, presents the available data, referenced in Section IA, Indicators 1 – 10. State administrative data are available for most of these indicators; however, state data are not currently available for the following:

- Access to health care - Rate of insured children who have an identified health care provider, who have had non-emergency health care visits in the past year, and who have had non-emergency dental care in the past year. All of these reflect issues of accessibility to health care.
- Nutrition - Rate of eligible children enrolled in the Food Stamp program, number of children receiving nutrition services through the Child Care Food Program, and the rate of eligible children receiving these services. These are indicators of accessibility to nutrition services.
- Chronic health conditions - Rate of children with chronic health conditions (obesity, asthma and iron deficient anemia).

In addition, data on some indicators, while available, are not considered reliable, or were available in formats not easily applicable to a policy question. Available data not considered to be reliable include:

- Rates of maternal alcohol and other drug use during pregnancy.
- Rate of infants diagnosed with Fetal Alcohol Syndrome.

I B. Family Resources

Outcome:

Families have access to the resources needed to support their children's growth and development.

Families are the primary context of children's development and strongly influence their developmental outcomes. Parents play a central role in young children's socialization and learning. Family resource indicators reflect conditions that may limit parents' abilities to provide for young children's basic needs and to stimulate early learning skills.[6]

Family resources indicators and their relevance to school readiness

Indicator	Relevance
Family Income	Family income reflects parents' ability to provide financial support to meet their children's basic needs. Higher incomes enable adults to secure safe housing, food and jobs with benefits.
Parental Employment	Secure parent employment reduces incidence of poverty and family stress; employed caregivers are more likely to obtain private health insurance. Maternal employment is related to increased demand for child care services.
Poverty	Later outcomes associated with childhood poverty include lower levels of school achievement and impaired health and development. In particular, by five years of age children living in poverty lag behind their peers in cognitive skills including reading readiness, number skills, problem solving, creativity and memory.
Maternal Education	Higher levels of parent educational attainment - independent of income - are strongly associated with positive outcomes for children's health, readiness for school and educational achievement. Maternal education level is most predictive of later outcomes for children.
Early Parenthood	Teen-aged mothers may not be financially or emotionally able to support their children.
Family Support Programs	Causal risk factors for early school failure include parental psychological problems (e.g., maternal depression), problematic parenting practices and difficulties with peers and teachers. Family support and parenting programs offer services to support positive parenting practices and access to needed child services.

Where do we stand?

Table 2 (Section IB, Indicators 11-16) presents the data currently available on these indicators. Data are available for most of the indicators in this area. Further, the Bureau of Maternal Health in the Division of Public Health within the Department of Health and Family Services has established state benchmarks for certain child health indicators, in collaboration with federal outcomes in the areas of maternal and child health.

State level indicators have not been developed, and data are not available, for the range of family support programs, including parent education, home visiting and family resource centers available throughout the state. Ideally, data on the availability and quality of these programs, together with an indicator related to accessibility of these programs, would allow for an assessment of their role in helping families and communities to prepare children to be successful in school. Currently, the Children's Trust Fund is supporting an initiative to develop program outcome indicators on the variously funded home visiting programs in the state, and a newly

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[6] *America's Children: Key National Indicators of Well Being, 2002.*

funded initiative of the state Family and Child Health Bureau, in the Department of Health and Family Services, has included this as an objective for its *Early Childhood Service Systems* grant.

I C. Early Care and Education

Outcome:

All children have access to high quality early care and education programs. Children at developmental and/or social risk receive early intervention services.

Quality programs require both care and education to achieve maximum benefits for children. *Early care and education* refers to all formal early learning environments for children who have not reached the age of mandatory school enrollment. These settings include regulated child care programs; public school early education programs (pre-kindergarten, or 4K, and kindergarten); Head Start (including Early Head Start) and programs focused on children with disabilities (including Birth to Three and Early Childhood Special Education). All regulated settings are considered, regardless of funding source, as many children participate in more than one program prior to school entry. Children's experiences in these programs are very influential in their social, emotional, physical and cognitive development prior to school entry.

> Quality of care is associated with both *process* and *structural* variables. *Process variables* include the care environment and the quality of caregiver interactions. *Structural variables* known to be associated with quality outcomes for children include licensing and accreditation status, provider/staff education and training, provider/staff wages and turnover rates.
> *Wisconsin Child Care Research Partnership*

Three components of early care and education are addressed in the School Readiness Outcome Framework: quality of care, availability of care and affordability of care. The quality indicators listed below refer to structural variables known to be associated with quality care (see text box).[7] Data on process variables are not routinely collected by state administrative sources.

Early care and education indicators and their relevance to school readiness

Indicator	Relevance
Availability	Availability reflects community capacity to meet the demand for early care and education. This includes availability of care by age of child and hours of care needed, availability of quality programs, and geographic access.
Quality	Participation in high quality early childhood care and education programs has positive effects on children's cognitive, language, and social development, particularly among children at risk. Children from all backgrounds who have received high quality child care do better on assessments of both cognitive and social skills in their early school years than do children who received poor quality care.[8]
Quality Variables	
Program accreditation/ regulatory status	Accredited programs have better educated caregivers, lower turnover rates and higher wages. Programs are more likely to seek accreditation if funding sources are available to support their efforts. Regulation and licensing provide a floor for quality, assuring a minimal level of safety and training.

[7] *Improving Child Care Quality: Wisconsin Child Care Research Partnership Report No. 2, March 2003.* D. Edie, D. Adams, D. Riley and M. Roach. University of Wisconsin-Extension.

[8] Relevancy statements related to quality and affordability variables are referenced in *Eager to Learn: Educating Our Preschoolers.* National Research Council, 2001.

Indicator	Relevance
Caregiver wages and turnover rates	Higher caregiver wages and lower turnover rates are associated with better quality of caregiver interactions and environment. Staff turnover is disruptive for children at a time when stability and consistency of adult:child relationships are especially important for learning.
Caregiver education and training	Caregivers' professional background (specifically, education in early childhood development) is related to quality care and the types of interactions with children that support their development. It is also positively associated with classroom environment and program quality.
Affordability	Disadvantaged children are most affected by poor quality child care and benefit most from high quality comprehensive programs; however, the cost of child care can limit access to high quality programs.
Identification rate for developmental delay	The rate of early identification of developmental and/or social risk as compared with general incidence rates indicates a community's responsiveness to need. Early identification and intervention correlates positively with decreased delays in later school performance.

Where do we stand?

Collecting state-level data on early care and education quality, affordability, and availability is difficult and reflective of complex, multiple service delivery systems, characterized by separate programs and dual regulatory systems, data collection and funding streams. Unlike the other areas in the Family and Community Support Section, a state level infrastructure that tracks these measures across all early care and education environments does not exist.

Table 2 (Section IC, Indicators 17-20) presents data on early care and education. The data may include duplicated counts of children, given the various reporting sources. Head Start programs follow Day Care Licensing regulations, and as such also would be included in information from that source; children participating in kindergarten, Early Childhood Special Education or Birth to Three programs may also participate in a child care program. License-exempt providers, such as public schools that operate pre-kindergarten and early childhood special education programs, have different data reporting requirements than do other early care environments.[9] Key issues in data collection are discussed below.

Availability: Demand and Supply

For child care programs, demand is estimated based on the number of children under age five potentially in need of child care, using national rates of children in nonparental care and maternal employment data for mothers with children under age five. In Wisconsin, maternal employment rates for women with children under age five were higher than the national rate, so the data presented is conservative in its projections.[10] The state does not keep data on the availability of child care by age and hours of operation, though these factors have an impact on demand for and

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[9] The *Wisconsin Child Care Data Sharing Project*, initiated in October 2002 with the Department of Workforce Development's Child Care Section as the lead agency, aims to organize administrative child care data from multiple state sources in order to obtain a more complete picture of child care quality and availability across the state. An anticipated outcome is the establishment of a statewide research infrastructure for conducting state-level policy research on child care supply and demand, as well as on quality indicators. Additional partners include the Department of Health and Family Service's Bureau of Licensing and Regulation, the University of Wisconsin-Extension, and the Child Care Resource and Referral Network of Wisconsin.

[10] *State Child Care Profile for Children with Employed Mothers: Wisconsin.* Urban Institute, 2001.

supply of care. However, many of the regional child care resource and referral networks compile this information at the local level.[11]

For programs that have eligibility guidelines, such as Head Start, Birth to Three and Early Childhood Special Education, supply data are based on funded enrollment, while demand is estimated based on the rate of children potentially eligible for the program. For Head Start, eligibility is based on income, while Birth to Three and Early Childhood Special Education eligibility is based on a determination of disability or developmental delay.

Quality

Indicators of quality are structural variables, based on research and practice-based evidence. Data on these variables (accreditation status, caregiver education/training, wages, and turnover rates) are then compared with similar data for kindergarten and pre-kindergarten programs and early intervention (Birth to Three) and early childhood special education programs, which follow federal and state licensing standards and state wage scales. In many instances, data on these variables were not available from state administrative sources, or not available for the specific age groups under review.

Data for child care programs included in this section are based on surveys and analyses of programs that receive Wisconsin Shares subsidies, through the work of the Wisconsin Child Care Research Partnership (see box). While most child care programs enroll state-subsidized children, this data source may exclude private preschool and nursery school programs that are primarily part-day and part-year operations, as well as programs that do not enroll subsidized children. Staff wages, education/training and turnover rates are available based on survey data only, for child care centers and family child care programs. Head Start program data provided by the Head Start State Collaboration Project are inclusive of the 44 Head Start and 12 Early Head Start agencies in the state.

> The *Wisconsin Child Care Research Partnership* (WCCRP) is the primary state resource for analysis of child care program quality attributes. WCCRP uses existing administrative data collected by the Data Warehouse, which is maintained by the Department of Workforce Development's Office of Child Care, and data collected by the Child Care Resource and Referral Network's Database. In addition, the federally funded project uses new statewide data obtained through surveys and direct observation.

Data on turnover and wages were not available specifically for Early Childhood Special Education, Pre-Kindergarten (e.g., Four Year Old Kindergarten) and Kindergarten teachers, but reflect rates for all teachers, grades PK-12. Additional indicators, such as class size and teacher-child ratios, should be considered in the future, given their effects on learning and development.

Affordability

There is no entitlement for child care programs; parents pay market rates for care. The Wisconsin Shares (WI Shares) program offers subsidies for working families that meet income and other eligibility requirements. State level data is not available on the percent of family income spent on child care, or on the percent of eligible families that receive WI Shares subsidies.

In determining child care rates, the most reliable information is based on surveys of licensed child care providers serving four or more children under age seven, conducted annually by each county for WI Shares, which sets annual maximum reimbursement rates, based on setting,

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[11] The Wisconsin Child Care Resource and Referral Network (CCR&R) comprises seventeen member agencies, assisting parents and employers with child care referrals and consultation, and providing technical assistance and training for child care providers. CCR&R agencies collect data about child care rates, provider and teacher salaries, the number of parents and children using CCR&R services, the type of care requested and the children's ages. Online at www.wisconsinccrr.org.

regulatory status, and age of the child. These reimbursement rates are set so that 75 percent of child care slots in a geographic area can be purchased at or below this rate, and are based on county specific data. Parental co-pays - or, in some instances, charitable dollars - make up the difference between the actual cost of care and the subsidy received.

Head Start program services are free for eligible children and their families; federal and state funding sources cap enrollment based on resource availability. Birth to Three program services are funded through private health insurance and federal Medicaid funds, state general purpose revenue funds and county funds. Data on health insurance expenditures for the program were not available. In addition, families with incomes at or above 250 percent of the federal poverty level share in the cost of services, but data on this revenue source were not available.

Early Childhood Special Education programs are free for eligible children, through a combination of federal, state and local school district funding. Pre-kindergarten and kindergarten programs are also free to eligible children using state and local funds, but there is no state requirement that districts offer pre-kindergarten (4K, or four year old kindergarten). For these programs, available cost data reflect the federal, state and local revenue per "member," averaged across all grades.

Identification Rate
Statewide data on prevalence rates and percent of eligible children served were not available for Early Childhood Special Education, an entitlement program for children ages 3 – 5 years who have identified developmental delays and/or disability. Data presented are for percent of children, ages 3 – 21 years, receiving special education services.

I D. Community Conditions

Outcome:
Children grow up in safe and stable environments.

Growing up in a safe environment allows a child to develop trust, self-confidence and effective interpersonal skills, all of which are critical developmental milestones. Children growing up in environments that have multiple risk factors bear substantial developmental burdens that affect their ability to reach their full potential. Children under age six are especially vulnerable to negative outcomes.[12]

Community Conditions indicators and their relevance to school readiness

Indicator	Relevance
Crime rate	Assesses changes in community safety. Higher crime rates reflect a greater chance of children's being exposed to violence.
Children's exposure to violence	Exposure to violence, as victims or witnesses, can have short and long term harmful effects on children, including social and emotional problems and poor school performance.
Family violence	Family violence has especially harmful effects on children, beyond the effects of community violence.
Child abuse/neglect	Children who have experienced abuse and/or neglect are at greater risk of poor social, emotional and academic outcomes than are their peers.
Children living in high poverty neighborhoods	Neighborhood poverty is associated with less favorable child outcomes, including failure to succeed in school. The dual risk of poverty experienced in the family and the surrounding community increases young children's vulnerability to adverse consequences.

[12] *America's Children: Key National Indicators of Well Being, 2002.*

Where do we stand?
As indicated in Table 2, Section ID, Indicators 21-24, data are available on most of these indicators. Data on exposure to violence are interpolated based on crime rates. As Wisconsin does not publish data on family violence, national FBI data (using state sources) are used in this report. Some states, but not Wisconsin, report and publish data on whether or not young children are present at a crime scene. Neighborhood poverty data are from the US Census.

II. Receptiveness: Schools' Readiness for Children

Why are receptive schools important?
Schools that are ready for children are ready to serve all children. As noted by the National Education Goals Panel, ready schools:

> "... have strong leadership, strive for continuity between early care and education programs, promote smooth transitions between home and school, are committed to the success of every child as well as every teacher and adult who interacts with children at school, use approaches that have been shown to raise children's achievement and then alter practices and programs if they do not benefit children."[13]

II A. Teacher Training and Professional Development

Outcome:
Teachers have the knowledge, skills and resources to effectively work with children.

Training and Professional Development indicators and their relevance to school readiness[14]

Indicator	Relevance
Teacher licensing status	Teachers fully licensed in the area they are teaching, with attention to the age/s of children they are teaching, are more likely to use developmentally appropriate practices in classroom management and to engage students in purposeful activities that support their learning. Schools with principals who hold a primary (early childhood) license in addition to an administrator's license have been found to be more responsive to K-3rd grade students than those whose principals do not have this background.
Access to and participation in relevant professional development opportunities	Teachers with adequate professional development and support opportunities are better equipped to meet the needs of all children.

Where do we stand?
Data on these indicators are presented in Table 2, Section IIA, Indicators 25-26. Data on professional development participation rates were not available for this report, though teachers are required to participate in professional development activities to retain their licenses. Public Law 34 specifies licensing and professional development requirements.

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[13] *Ready Schools: A Report of the Goal 1 Ready Schools Resource Group*. National Education Goals Panel: February 1998.
[14] *Ibid.*

II B. School Policies and Environment

Outcome:
Schools partner with families and communities.

School Policies and Environment indicators and their relevance to school readiness[15]

Indicator	Relevance
Parent involvement	Parent involvement is related to children's increased motivation and school performance; involvement can range from asking about a child's day, knowing one's child's teacher and attending parent-teacher conferences, to volunteering in the classroom, etc. Having a variety of opportunities for parent involvement reflects schools' openness to parent involvement.
School-community partnerships	Partnerships between schools and community resources can mitigate non-cognitive barriers to school success, allowing children to receive the services they need as soon as possible, including before- and after-school care, which may serve to support or enrich what is taught in the classroom.
Student Policies	Policies on grade retention and rates of school suspension/expulsion reflect the school environment for children with performance problems.

Where do we stand?
Data on these indicators are presented in Table 2, Section IIB, Indicators 27-29. The state collects data on grade retention and student suspension/expulsion rates, but not on school-community partnerships or parent involvement policies. Data on before/after school programming are kept for those schools participating in the federally funded Community Learning Centers program, which requires that participating schools offer these services.

II C. Transition Practices

Outcome:
Schools promote smooth transitions from home and other early learning environments.

Transition Practices indicators and their relevance to school readiness

Indicator	Relevance
Transition Policies	Good transition policy and practice build on a foundation that recognizes that young children's success in school is intertwined with their experiences in multiple settings, and that this period is a critical time for building partnerships between schools and families that can support children's progress. Good practices minimize the negative impacts of transition and provide for continuity of services/interventions.[16] The transition period involves not only how children adjust to kindergarten, but also how families and schools interact and cooperate.

Where do we stand?
Data on this indicator (Table 2, Section IIc, Indicator 30) are not available at the state level.

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[15] *Ready Schools: A Report of the Goal 1 Ready Schools Resource Group*. National Education Goals Panel: February 1998.

[16] Kraft-Sayre, M. and Robert Pianta (2000). *Enhancing the Transition to Kindergarten*. Charlottesville: University of Virginia, National Center for Early Development & Learning.

II D. Classrooms

Outcome:
Classrooms are reflective of optimum child – adult ratios, respect individual differences and reinforce and extend children's strengths.

Classroom indicators and their relevance to school readiness[17]

Indicator	Relevance
Class Size	Smaller class size is correlated with long-term gains in student achievement. Students in classes with fewer students in early elementary school do better than their peers in larger classes. These benefits become more noticeable the more years that students are in classes with fewer than 20 children.
Teacher-child ratio	Higher teacher-child ratios are associated with increased student achievement; however, improving these ratios without also reducing class size does not yield the same effect as smaller class sizes.

Where do we stand?
Available data on these indicators are presented in Table 2, Section IID, Indicators 31-32. Data on average class size are not collected, except for schools participating in Student Achievement Guarantee in Education (SAGE). Teacher – child ratios are kept, but data reported are for all grades, K-12.

An initiative to improve student achievement in early elementary grades, SAGE began as a pilot program in 1996 with the implementation of four school improvement strategies, the primary strategy being reduced class size. Different class size reduction strategies are employed (data on these are collected by the state in collaboration with the initiative's evaluators). SAGE indicator data include information on class size and teacher – child ratio for participating schools.

III. Ready Children

Ready children are children who have the resources needed to succeed in school; ideally, early learning environments have fostered the development of these resources. The National Education Goals Panel has identified five, interrelated developmental domains important to children's success in school – health and physical development, social and emotional development, approaches to learning, language development and communication, and cognition and general knowledge.[18] Each domain is described below, and referenced in the Table 2, Section III, Indicators 33 - 37.

Health and Physical Development

Outcome:
Children are physically active, physically healthy and effectively care for their physical well being.

Indicators:
Motor skills development, general health and development (rate of identified developmental delays/disabilities), vision and hearing, knowledge of self-care and healthy lifestyle practices.

Why are these indicators important?
In general, health and physical well being are both precursors and corollaries to other areas of development. At a time when children learn best by doing, strong and healthy children are better

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[17] *Eager to Learn: Educating Our Preschoolers*. National Research Council, 2001.
[18] *Wisconsin Early Learning Standards*, First Printing (August 2003). Early Learning Standards Steering Committee: Department of Public Instruction.

able to explore their physical world and are better prepared to begin formal schooling. Physical and motor development are important indicators of development in the cognitive and socio-emotional areas. Children's control and coordination of balance and body movements relate to their performance in academic areas in the elementary grades. Specifically, children's visual motor skills are among the best predictors of reading achievement in the first through third grades. Fine motor control, or small muscle movement, refers to such abilities as manipulation of materials and tools, hand dominance, and eye-hand coordination. Gross motor control, or large muscle movement, refers to such characteristics as balance, coordination, purposeful control, locomotion and stability of body movements and functions. Sensory motor control refers to the ability to take in information from the senses to inform muscle response and includes self-regulatory skills.

Where do we stand?
While data on children's early health status are available (see Section I A), state data currently available on their health status at school entry is limited to identification of children with physical disabilities. No data are kept on screening practices employed at school entry. These data are collected for children enrolled in Head Start programs, and may be collected at the local level by school districts with Early Learning Standards.

Social and Emotional Development

Outcome:
Children have the social and emotional competencies needed to succeed in school.

Indicators:
Emotional development, self-concept and social competence. Measures of social competence include prosocial behaviors - such as being able to easily join others in play, ability to make and keep friends, and comforting and helping behaviors - and problem behaviors, such as arguing with others, fighting with others and getting angry easily. Measures of emotional development include the ability to express emotions, self-control, ability to make needs known and to seek adult assistance when needed.

Why are these indicators important?
Healthy social and emotional development reflect children's feelings about themselves and others, their ability to form and maintain positive relationships with adults and children, to understand the perspective and feelings of others, and to succeed in a group setting. Children construct knowledge by interacting with others and their environment. In order to interact successfully in a variety of circumstances and with a variety of people, children need to possess interpersonal skills.

Social and emotional development are ongoing processes of skill acquisition and mastery, involving emotions, perception, cognition, and language. There is a direct relationship between a child's social and emotional well being and overall success in school and life. The ability to make and keep friends and maintain relationships with peers and adults form the social foundation of school. Research suggests that children's social skills may be related to their later academic achievement, and their experiences with peers will likely influence their attitudes toward school and learning. Later outcomes associated with social and emotional difficulties include grade retention and school suspension/expulsion rates.

Where do we stand?
Data on indicators of proficiency in attaining developmental expectations in this area are not collected at the state level, though data related to poor later outcomes such as grade retention and school suspension/expulsion are available at the state level. In addition, the state collects data on identification rates for children with emotional disabilities. Local Head Start agencies collect data on these indicators, as may some school districts with early learning standards in place.

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Approaches to Learning

Outcome:
Children use approaches to learning that prepare them to succeed in school.

Indicators:
Ability to sustain attention, task persistence, ability to follow directions, eagerness to learn new things, creativity, ability to focus attention.

Why are these indicators important?
Certain characteristics related to children's approaches to learning may influence how prepared they are for learning in a formal school setting. Children who are able to work undisturbed and persist at tasks and who are attentive are more likely to have a successful experience in the school settings. Kindergartners' ability to sustain their attention has been shown to predict later achievement in reading and mathematics, and to contribute to an easier adjustment to school. Children who are able to complete tasks, and follow directions also rate higher in their academic achievement in general.

Where do we stand?
Data on indicators of proficiency in attaining developmental expectations in this area are not collected at the state level. However, Head Start agencies collect this information, and school districts with early learning standards may also collect this information.

Language Development and Communication

Outcome:
Children have the language and communication skills needed to succeed in school.

Indicators:
Basic literacy skills included in the *Early Childhood Longitudinal Study – Kindergarten Class of 1998-99* (ECLS-K) assessment at kindergarten entry include recognizing the printed word, identifying sounds, word reading, vocabulary and reading comprehension.[19] The ECLS-K assessment also includes emergent literacy, phonemic knowledge and language development. Indicators that reflect challenges in skill acquisition include the rate of children with speech impairments and performance on the third grade reading assessment (in Wisconsin, this is the Wisconsin Reading and Comprehension Test, or WRCT).

Why are these indicators important?
Emergent literacy reflects the understanding that print in books has meaning, while language development includes children's oral language and their receptive vocabulary. The two are closely related, enabling children to express and interpret thoughts, beliefs and desires. There is a close relationship between learning language and learning to read.

Where do we stand?
Indicators of proficiency in attaining developmental expectations in this area are not collected at the state level, though they are used by Head Start agencies and may be used at the local level by school districts with early learning standards. State-level data on children with speech/language impairment and on third graders' reading proficiency are available.

Cognition and General Knowledge

Outcome:
Children have the cognitive skills needed to succeed in school.

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[19] *America's Kindergartners: Findings from the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99*. US Department of Education, National Center for Education Statistics. NCES 2001-070R. Washington, DC: 2001.

Indicators:
Skills and knowledge of mathematical thinking, such as conceptual understanding of numbers, shapes, mathematical operations and processes for problem solving; and general knowledge, including the ability to establish relationships between and among objects, events or people and to make inferences and to comprehend the implications of verbal and pictorial concepts.

Why are these indicators important?
Elementary school curricula focus on three broad areas of academic competence – reading, mathematics and general knowledge. These areas are considered to be central to children's successful development and functioning as adult citizens in society. Much of the school day is spent learning core cognitive skills in reading and mathematics, and increasing children's knowledge of the natural, physical and social worlds. The foundation children have to build upon when they enter school will influence their school experiences and cognitive growth. Because children have different background experiences, variation is expected in the skills and knowledge children possess at school entry. The skills and knowledge that support mathematical problem solving contribute to children's critical thinking, benefiting overall cognitive development.

Where do we stand?
Indicators of proficiency in attaining developmental expectations in this area are not collected at the state level; data on children identified as having cognitive disabilities are collected. Head Start agencies collect this data, and school districts with Early Learning Standards may keep this data.

Recommendations

This report has presented a broad definition of school readiness and identified several key conditions that promote school readiness, a framework for assessing the state of school readiness in Wisconsin, and a set of indicators that, collected on a regular basis, would allow the state to monitor the status of school readiness over time. Finally, this report presents data related to relevant indicators, with an assessment of the availability of data from state administrative sources.

The comprehensive definition of school readiness presented in this report emphasizes that children's success in school is a responsibility shared by schools, communities and families. Acknowledging this is the first step toward a collaborative approach to improving school readiness outcomes. The outcomes framework and presentation of relevant indicators provide a map for developing a collaborative approach to establishing a state administrative data infrastructure to monitor progress over time. The primary finding of the data assessment process is that, while data are available for most child well being indicators, they are less readily available in the areas of schools' readiness for children and children's developmental status.

The Wisconsin School Readiness Indicators Initiative Steering Committee proposes the following recommendations to the three State Departments (Health and Family Services, Public Instruction and Workforce Development) whose missions encompass these outcomes:

1. Adopt the broad definition of school readiness as presented in this report.
The adoption of a broad and inclusive approach to school readiness as presented by the Steering Committee offers the first step in integrating investments in early care and education for children from birth through age eight. School readiness is aligned with the missions of the three involved state departments, and as such adoption of this conceptualization provides a platform for collaboration across departments.

2. Adopt the School Readiness Outcome Framework.
The outcome framework presented in this report (Table 1) reflects the research and practice-based evidence regarding what is needed for children to enter school ready to succeed. Using

this framework as a basis for organizing and collecting information will strengthen and focus information gathering and policy efforts to improve school readiness. Some state departments, such as the Department of Health and Family Services' Maternal and Child Health Bureau, work within federally and locally selected outcomes and benchmarks in order to assess performance and target areas for future intervention. By adopting this framework, state departments can move toward greater accountability for public investments in services and programs that enhance school readiness.

3. Commit to the development of a comprehensive, interdepartmental data infrastructure that supports the School Readiness Outcome Framework.

Indicators serve a variety of purposes at the state level. They inform, track trends and identify areas of concern and strength. They allow for the tracking of outcomes that may require policy intervention. Indicators can be used to establish time-specific goals, to increase accountability, and to inform community planning processes and practices. To do so successfully, a data infrastructure is necessary. The three state departments each have strong administrative data collection systems. Several current initiatives in the three state departments offer opportunities to build on this foundation and develop a solid infrastructure for tracking data on indicators directly relevant to school readiness. Without access to quality data on relevant indicators, the state limits its ability to monitor how well it is helping communities, families and schools to prepare children to succeed in school. The state should embark on an inter-departmental planning process to develop this infrastructure.

Examples of current opportunities upon which this initiative could build include:

Department of Health and Family Services

Within the Department of Health and Family Services, the Bureau of Maternal and Child Health's recently secured *Early Childhood Service Systems* grant offers the opportunity to develop a comprehensive system infrastructure for tracking early childhood outcomes. The Bureau of Maternal and Child Health is also launching SPHERE, a web-based data initiative that allows for easy transfer of data from local public health departments to the state, and for easy access to the data. Data collected is related to maternal and child health outcomes set forth in the state's Title V, Maternal and Child Health State Plan, but could be expanded.

Departments of Health and Family Services and Workforce Development

These departments, together with the *Wisconsin Child Care Research Partnership* at the University of Wisconsin-Extension, have partnered to support the development of a statewide research infrastructure aimed at strengthening the quality of administrative child care data from these state sources. The federally funded *Data Sharing Project* aims to develop a platform for data on child care quality and supply. Given the challenges inherent in collecting data from different administrative sources, the development of a merged provider file can set the stage for developing and tracking data on various quality related indicators, such as staff wages, education levels and turnover rates across all early care and education settings. As such, this is another opportunity on which a data infrastructure could be built.

Department of Public Instruction

The Department of Public Instruction's (DPI) database is used for indicators related to state mandates for fiscal, school and student performance. Incorporating data on known indicators of school readiness would allow for increased ability to assess progress in areas related to school readiness identified in this report.

Several DPI initiatives hold promise: in the area of children's readiness, DPI has developed draft *Early Learning Standards* in collaboration with the Departments of Workforce Development and Health and Family Services. These voluntary standards align with the Department of Public Instructions K-12 Model Academic Standards and with the indicators presented in Section III of this report. The Early Learning Standards are intended to assist school districts and other early learning environments in developing curricula and programs that will foster children's

development in each of these domains. Several school districts across the state have developed standards in these developmental domains for the purpose of assessing children's status at kindergarten entry.

PI 34, which outlines Wisconsin's new teacher licensure process, will ensure that teachers are licensed in the areas they are teaching, and that they have ongoing access to professional development opportunities over the course of their careers. The DPI initiative, *Characteristics of Successful Schools,* is focused on improving schools in seven areas, including family and community partnerships.

Collaboratives and Initiatives

Additional opportunities upon which the State can build its school readiness agenda include statewide collaborations and initiatives. Among these are *Collaborating Partners,* a statewide coalition of early childhood care and education professionals, which has developed, coordinated or collaborated on several statewide early childhood initiatives over the past years. Also, several Performance Accountability initiatives, including Program Outcomes projects for Family Literacy, Birth to Three and Home Visiting agencies are underway. Finally, *Community Collaborations for Children: The School Readiness Project* of the University of Wisconsin-Extension's Family Living Programs and the School of Human Ecology has developed community planning processes to assist local communities in developing effective systems of programs and services for young children and their families.

Next Steps

Wisconsin has a distinguished history of caring for its children and of requiring accountability for public investments. This report encourages the State and its citizens to continue this tradition, by adopting these recommendations. In the coming year, the WISRII Steering Committee will develop a "Blueprint for School Readiness" in the next year. This blueprint will identify and assess the state policies that directly affect school readiness in the state, specify those that can have the most significant impact and identify ways to monitor policy performance.

Table 2. School Readiness Indicators Data[20]

	Outcome Area	Indicator	WI	Year	Data Source/Comments
I. Responsiveness: Family and Community Support for School Readiness					
IA. Health Care & Physical Development					
1	Access to Health Care	Percent children <6 years, covered by health insurance	88%	2001	2001 US Census Current Population Survey (*Health Insurance Coverage: 2001*; 09/02).
		Percent of children <6 years, enrolled in Family Coverage programs [e.g., public health insurance; includes Healthy Beginnings, BadgerCare and Medicaid]	26%	2001	Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information.
		Percent children <6 years with health insurance who have identified primary care provider/medical home	96%	2000	Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, 2000 Family Health Survey.
		Percent children <6 years, no usual source of health care	Data not Available		National data available: Table 76, *Health, United States, 2002* (www.cdc.gov/nchs/data/hus/tables/2002). National data indicate that five percent of all children under 6 years, and 21 percent of poor, uninsured children under 6 years, had no usual source of health care in 2000. The 2000 WI Family Health Survey indicated that two percent of children ages 0-17 years had no usual source of health care. Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information.
		Percent children <6 years, no health care visits to office/clinic in past 12 months	Data not Available		National data available: Table 75, *Health, United States, 2002*. Accessible online at www.cdc.gov/nchs/data/hus/tables/2002 . National data indicate that, in 2000, seven percent of all children under 6 years, and 20 percent of poor, uninsured children under 6 years, had no health care visits in the previous year.
2	Prenatal Care	Percent expectant mothers w/inadequate prenatal care (Inadequate prenatal care refers to a formula that considers the month prenatal care began, the total	36%	2001	Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information: *WI Births & Infant Deaths, 2001*. Accessed online at www.dhfs.state.wi.us/births/pdf/01births/pdf.

[20] Note on data: No primary data collection was performed for this report. To the greatest extent possible, data were collected from published state administrative sources. In some instances, state-sponsored survey data were used, in the absence of regularly collected data. National sources were used when state data were not available. Data expressed in percentages are rounded to the nearest whole number. Data were collected in fall 2002 and early spring 2003. Every effort was made to ensure accuracy in presentation; any errors are solely the author's responsibility.

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	Outcome Area	Indicator	WI	Year	Data Source/Comments
		number of prenatal care visits and the infant's gestational age at delivery.)			
3	Maternal Health Behaviors	Percent births to mothers who smoked during pregnancy	16%	2001	*WI Births & Infant Deaths, 2001*
		Percent births to mothers who used drugs/alcohol during pregnancy	Data not Available		While data on this indicator is recorded on WI birth certificates, national research has found it is underreported and not reliable.
		Infants diagnosed with Fetal Alcohol Syndrome	Data not reliable		While reported in the *WI Hospital Discharge Database*, this indicator is considered to be underreported, according to Department of Health and Family Services, Bureau of Health Information staff. There were thirteen documented cases in 2000.
4	Infant Mortality	Infant mortality rate (per 1000 live births)	7.1	2001	*WI Births & Infant Deaths 2001*
5	Low Birthweight	Percent infants born with Low Birth Weight (LBW)	7%	2001	*WI Births & Infant Deaths 2001*
6	Health and Developmental Screening	Percent newborns receiving hearing screen before discharge	89%	2001	*WI Sound Beginnings, Annual Survey of Hospitals, 2001;* Department of Health and Family Services, Division of Public Health, Bureau of Family and Child Health, Children with Special Health Care Needs Program
		Medicaid-enrolled children receiving all required EPSDT [Early and Periodic Screening, Diagnosis and Treatment] visits		2000	In Wisconsin, EPSDT visits are called "HealthCheck" visits
		Percent children <1 year receiving all recommended HealthChecks	89%		Department of Health and Family Services, Bureau of Health Care Benefits
		Percent children ages 1 – 2 receiving recommended HealthChecks	77%		Department of Health and Family Services, Bureau of Health Care Benefits
		Percent children ages 3 – 5 receiving recommended HealthChecks	53%		Department of Health and Family Services, Bureau of Health Care Benefits
		Percent children ages 6 – 9 receiving recommended HealthChecks	61%		Department of Health and Family Services Bureau of Health Care Benefits
		Percent children ages 1 and 2 years, screened for Elevated Lead Levels (ELL)	35%	2001	Department of Health and Family Services, WI Childhood Lead Poisoning Prevention Program, 2001. Key risk factors for lead poisoning are poverty and age of housing; screening is targeted at, and rates are higher for, children in these risk groups.
		Percent children screened, with ELL	7%	2001	Department of Health and Family Services: WI Childhood Lead Poisoning Prevention Program, 2001.

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	Outcome Area	Indicator	WI	Year	Data Source/Comments
7		Percent children adequately immunized at 2 years (4-3-1 schedule)	78%	2001	Department of Health and Family Services, Division of Public Health, Bureau of Family and Child Health, *Maternal and Child Health (MCH) Title V Block Grant*
8	Dental Care	Percent children who visited a dentist in past year	Not available		
9	Nutrition	Percent children <5 years eligible for WIC (Women, Infants and Children Nutrition Program)	29%	2002	Department of Health and Family Services, Division of Public Health, Bureau of Family and Child Health: *WIC Program Data.*
		Percent of eligible children <5 years, enrolled in WIC	79%	2002	Department of Health and Family Services, Division of Public Health, Bureau of Family and Child Health: *WIC Program Data.* Percent eligible is based on the number of children <5 at/below 185% FPL.
		Estimated number of preschool-aged children (0-5 years) participating in Child Care Food Program (receiving free and reduced price meals)	13,429	2001	Department of Public Instruction, Community Nutrition Team: *Child and Adult Care Food Program 2001-2002.* Note: data are kept on the number of meals served by reimbursement status. Estimated number of pre-school aged children served is based on number of free and reduced price lunches (approximately 3.4 million) served in child care centers and day care homes, divided by 250 days (assumes year-round care 5 days/week, 50 weeks/year.)
		Number of children <18, unduplicated, receiving Food Stamps	211,317	2002	Department of Workforce Development, Division of Workforce Solutions: *Unduplicated State Total Recipients*; accessed online at www.dwd.state.wi.us/dws/rsdata
		Percent children <5 years eligible for Food Stamp program	Data not available		Data on child recipients not broken out by age.
		Percent eligible children <5 years, enrolled in Food Stamp Program	Data not available		Data on child recipients not broken out by age.
		Percent elementary (K-6) school children eligible for Free/Reduced Price Meal Program (F/RPM)	33%	2002	Wisconsin Department of Public Instruction (DPI), School Nutrition Program. Data not available by individual grade level.
10	Chronic Health Conditions	Pediatric asthma hospitalization rate, per 10,000 children < 5 years	38	1996-98	Most recent available analyzed data, published in *Wisconsin Medical Journal*, Nov. 2000.
		Iron deficient anemia hospitalization rate	Data not available		May be reported in state hospital discharge database, not analyzed.

	Outcome Area	Indicator	WI	Year	Data Source/Comments
		Childhood obesity	Data not available		Data available for targeted groups: in 2001, 11% of children ages 2-4 years and enrolled in WIC were considered overweight.
IB. Family Resources					
11	Family Income	State Median Income	$43,791	2000	US Census
12	Parental Employment	Percent families with children <5 years, all parents in labor force	68%	2000	US Census
		Percent families with children <5 years, no parent in labor force	7%	2000	US Census
13	Poverty	Percent children <5 years, below Federal Poverty Level (FPL)	13%	2001	*Poverty in the United States: 2001*. US Census Bureau
		Percent families with children <5 years, below FPL	12%	2000	US Census, DP-3
		Percent single mother households w/children <5 years, below FPL	43%		US Census, DP-3
		Number of children in households receiving public assistance, average per month	26,851	2002	Department of Workforce Development, Division of Workforce Solutions. Accessed online at www.dwd.state.wi.us/dws/rsdata
14	Maternal Education	Percent births to mothers w/<HS diploma	16%	2001	Department of Health and Family Services, *WI Births and Infant Deaths, 2001*
15	Early Parenthood	Teen birth rate per 1000 females aged 15-17	19	2001	Department of Health and Family Services, *WI Births & Infant Deaths, 2001*
16	Family Support	Indicators not developed			
IC. Early Care & Education					
17	**Availability**	**Estimated Demand**			
	Child Care	Total number of children <5 years	342,340	2000	US Census, DP-1

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	Outcome Area	Indicator	WI	Year	Data Source/Comments
		Estimated number of children <5 years in need of nonparental care	208,827	2002	Based on national rate of 61 percent of children <age six in nonparental care (*America's Children: Key National Indicators of Well Being 2002*). These are conservative estimates, as maternal employment rates in Wisconsin are higher than national rates: according to the Urban Institute, 70 percent of Wisconsin mothers with children under age 5 were employed in 1997, compared to 57 percent nationally. Approximately 75 percent of these children were in some form of nonparental child care. (*State Child Care Profile for Children with Employed Mothers: Wisconsin.* Washington, D.C.: The Urban Institute 2001.)
	Head Start	Estimated number of children eligible for Head Start (e.g., <5 years and at/below FPL)	44,504	2000	Calculated by multiplying total number of children <5 years by poverty rate for children <5 years.
	Availability	**Estimated Capacity/Enrollment**			
	Child Care	Total number of licensed group centers	2,409	2002	Department of Health and Family Services, Division of Children and Family Services, Bureau of Regulation and Licensing, *2002 Year End Summary Report, January 2003*
		Total number of licensed family child care providers	3,091	2002	Department of Health and Family Services, Division of Children and Family Services, Bureau of Regulation and Licensing, *2002 Year End Summary Report, January 2003*
		Total number of certified (regular and provisional) family child care providers	5,190	2002	Department of Workforce Development, Division of Workforce Solutions, Child Care Section. *Summary of the Annual Survey of Certified Provider Information 2003.*
		Total regulated child care *capacity*, estimated	166,629	2002	Note: Slots may include school-age children in after-school care. Data reported is for regulated child care programs only. *Statewide Capacity Statistics Report 2002, Attachment A* (Department of Health and Family Services) and *Annual Survey of Certified Providers 2002* (Department of Workforce Development).
		Estimated percent of demand met by available supply	80%		Total capacity divided by estimated number of children in need of care.
		Estimated capacity, licensed child care	150,030	2002	Department of Health and Family Services, Division of Children and Family Services, Bureau of Regulation and Licensing *Statewide Capacity Statistics Report 2002, Attachment A*, February 2003.
		Estimated capacity, certified child care	16,599	2002	Based on number of certified providers (5,533) multiplied by maximum allowed number of unrelated children (3), using data supplied in the

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Outcome Area	Indicator	WI	Year	Data Source/Comments
				Annual Survey of Certified Providers, 2002. Department of Workforce Development, Office of Child Care.
	Total regulated child care *enrollment*, estimated	216,405	2002	Enrollment may exceed capacity due to part-time enrollment.
	Estimated enrollment, licensed child care	199,539	2002	*Statewide Capacity Statistics Report 2002, Attachment B*. Arrived at by multiplying licensed capacity by 1.33 to factor in part-time enrollment.
	Estimated enrollment, certified child care	16,866	2002	Based on total children receiving WI Shares subsidies in 2002 (80,316) multiplied by percent of those children in certified child care (21%). Department of Workforce Development, Office of Child Care Data Warehouse.
Head Start	Head Start total funded enrollment	15,895	2002	*Head Start Program Information Report for 2001-02 Program Year*. April 29, 2003: Head Start State Collaboration Project. Actual enrollment was 17,189, due to child turnover. More than ninety percent of enrollment (or 14,500 spaces) is federally funded; the state funds approximately ten percent of total enrollment (1,375 spaces).
	Estimated percent of eligible children (<5 years at/below FPL) served by Head Start	39%	2002	Total funded enrollment divided by eligible 0-5 year olds.
Birth to Three	Birth to Three Early Intervention Services, unduplicated number of children served	10,534	2002	Department of Health and Family Services, Division of Disability and Elder Services, Bureau of Developmental Disabilities Services, Birth to Three Program. Per electronic correspondence dated 07/31/03.
Early Childhood Special Education	Early Childhood Special Education program enrollment	14,602	2002	Department of Public Instruction: *12/01/02 Child Count*, ages 3-5 years.
Four Year Old Kindergarten (4K)	Pre-Kindergarten (4K) Program Enrollment	14,197	2001-02	Department of Public Instruction, *Total Enrollment by Grade* (accessed online at www.dpi.state.wi.us/dpi/dltcl/bstat/pubdata2.html)
	Percent of school districts offering Four Year Old Kindergarten (4K)	40%	2001-02	Department of Public Instruction. Based only on those districts that have elementary schools (168 of 416 districts). *School Financial Services Team Telephone Survey, 2003*.
Kindergarten (5K)	Total enrollment, public and private	70,094	2001-02	Department of Public Instruction: *Basic Facts, 2001-02*. Table 3. Enrollment by Grade Level.

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	Outcome Area	Indicator	WI	Year	Data Source/Comments
		Percent of school districts offering five year old (5K) kindergarten	100%		Department of Public Instruction. All WI school districts are required to offer five-year-old kindergarten. Data based on those districts that have elementary schools. Districts may offer half day, full day or both options for five-year-old kindergarten but must offer at least the half-day option.
18	**Quality**	**1. Accreditation and Regulatory Status**			
	Child Care - Accreditation				
		Number of NAEYC (National Association for the Education of Young Children) accredited group centers	210	2002	NAEYC Summary; accessed on 02/01/03 (naeyc.org/accredition); an additional 35 programs had initiated the first step towards accreditation.
		Percent of all child care centers that are accredited (NAEYC)	9%	2002	Number of accredited centers divided by total number of centers (2407)
		Percent accredited centers that received quality improvement grants	80%	2001	Wisconsin Child Care Research Project (WCCRP), *Policy Options Paper #2*, March 2003 (based on 240 NAEYC-accredited centers as of 12/01)
		Number of children served in accredited centers	19,275	2002	NAEYC Summary as of 02/01/03
		NAFCC (National Association for Family Child Care)-accredited family day care programs	23	2002	National Association for Family Child Care (nafcc.org); data accessed online 03/03/03
		Percent of all licensed family child care programs that are accredited (NAFCC)	<1%	2002	0.7%
	Child Care – Regulatory Status	Percent of regulated capacity, in licensed programs	90%	2002	
		Percent of regulated capacity, in certified programs	10%	2002	
	Head Start	Percent of programs that meet Head Start Performance Standards	100%	2002	Head Start State Collaboration Project
	Birth to Three	Percent of programs that are accredited/licensed	Data not available		Programs are license-exempt.

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Outcome Area	Indicator	WI	Year	Data Source/Comments
Early Childhood Special Education, 4K, 5K	Percent of programs that are accredited/licensed	Data not available		Programs are license-exempt. Some district programs may seek NAEYC accreditation and there are other national accreditation that districts may seek. However, these data are not collected by the state.
Quality	**2. Caregiver Wages**			
Child Care	Percent child care workforce earning less than $9/hour (annual equivalent of $18,720)	73%	2001	*Losing Ground or Keeping Up? A Report on the Wisconsin Early Care and Education Workforce 2001* (October 2001). Wisconsin Child Care Research Partnership.
Head Start	Average annual salary			
	Teachers with Child Development Associate (CDA) or State equivalent	$19,153	2001-02	*Head Start Program Information Report*, Apr 29, 2003: Head Start State Collaboration Project.
	Teachers with Associate degree	$20,950	2001-02	*Head Start Program Information Report*, Apr 29, 2003: Head Start State Collaboration Project.
	Teachers with Bachelor's degree	$26,680	2001-02	*Head Start Program Information Report*, Apr 29, 2003: Head Start State Collaboration Project.
Birth to Three	Average annual salary, educators	Data not available		
Early Childhood Special Education, 4K, 5K	Average annual salary, teachers	$40,910	2001-02	Data available is for *all* teachers, grades K-12. Department of Public Instruction: *Teacher Average Salaries by District, 2001-02*. Minimum starting salary for a teacher with a Bachelor's degree was $27,952 in 2001-02, according to the Wisconsin Education Association Council's (WEAC) Report, *Teacher Average Salaries and Experience 1997-2001*.
Quality	**3. Workforce Stability**			
Child Care	Annual turnover rate, center teachers	41%	2001	WI Child Care Research Partnership (WCCRP), *Issue Brief 1*, July 2001
	Annual turnover rate, family child care providers	Data not available		The *Annual Survey of Certified Providers 2002*, conducted by the Department of Workforce Development's Office of Child Care, indicates that 44% of certified providers left the field in 2001.
Head Start	Annual turnover rate, center teachers	18%	2001-02	*Head Start Program Information Report*, Apr 29, 2003: Head Start State Collaboration Project.

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	Outcome Area	Indicator	WI	Year	Data Source/Comments
	Birth to Three	Annual turnover rate, teachers	Data not available		
	Early Childhood Special Education, 4K, 5K	Annual turnover rate, teachers	12%	2001-02	Department of Public Instruction – average across all grades, PK – 12. *School District Staff and Teacher Personnel Report, PI-1202.*
	Quality	**4. Caregiver Education and Training**			
	Child Care	Percent with post-secondary education (2 or 4 year degree, in any field)			WI Child Care Research Partnership (WCCRP), *Issue Brief 1*, July 2001
		Center teachers	28%	2001	Half (14%) hold a bachelor's degree; of these, 19% have a degree in early childhood education.
		Family Child Care (FCC) providers	21%	2001	Six percent hold a bachelor's degree; of these, 10% have a degree in early childhood education.
		Percent whose only child development training is the state-required training			WI Child Care Research Partnership (WCCRP), *Issue Brief 1*, July 2001. State requirement is 40-80 hours for center-based teachers and 20-40 hours for family providers.
		Center teachers	63%	2001	
		FCC Providers	67%	2001	
	Head Start	Percent teachers with ECE (Early Childhood Education) Related Degrees (2 or 4 year degree)	55%	2001-02	*Head Start Program Information Report*, Apr 29, 2003: Head Start State Collaboration Project. An additional four percent have graduate degrees.
	Birth to Three	Percent of special educators fully licensed in early childhood special education	100%		Special education teachers must have the DPI Early Childhood Special Education license (808 or 809) or licenses for the teacher of the blind or deaf/hard of hearing (825 & 805), per Birth to Three Program.
	Early Childhood Special Education	Percent of teachers in ECSE classrooms with early childhood special education license	100%	2001-02	Department of Public Instruction, *School District Staff and Teacher Personnel Report, PI-1202*, and *Teacher License Database*
	4K, 5K	Percent of teachers in 4K and 5K classrooms with Early Childhood License	99%	2001-02	Department of Public Instruction, *School District Staff and Teacher Personnel Report, PI-1202*, and *Teacher License Database*

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	Outcome Area	Indicator	WI	Year	Data Source/Comments
19	**Affordability**	**Annual Cost per Child**			
	Child Care	Average annual rate for licensed, full-time child care: Infants/toddlers			Department of Workforce Development, Division of Workforce Solutions, Child Care Section, Office of Child Care. Based on *2002 Maximum Rate Survey* - rate at which 75% of area slots can be purchased; rates listed are highest and lowest county rates. Milwaukee County rates are also listed, as 45% of all subsidized children in 2002 resided there.
		Licensed Family Child Care (FCC)	$4,500-$9,500	2002	Milwaukee County: $9,360
		Licensed centers	$4,162-$11,180	2002	Milwaukee County: $11,180
		Average annual rate for licensed, full-time child care: Preschoolers			
		Licensed FCC	$4,500-$9,000	2002	Milwaukee County: $7,800
		Licensed Centers	$3,850 - $8,750	2002	Milwaukee County: $8,580
	Birth to Three	Annual cost per child (estimated)	Data not available	2002	Department of Health and Family Services, Division of Disability and Elder Services, Bureau of Developmental Disabilities Services, Birth to Three Program. Total county, state and federal expenditures of $26 million were reported in 2002. State/federal share of cost is 48% and county share is 52%, but this does not include costs assumed by public or private health insurance. Per e-mail correspondence 07/31/03.
	Head Start	Annual cost per child	$5,100 - $10,019	2001-02	Federal funds pay for 90% of slots; state funds pay for an additional 10 percent. Federal funds are granted directly to Head Start programs, of which there were 44 in 2002. According to the Department of Public Instruction, the state reimbursement rate was $5,100 per child. According to the Head Start State Collaboration Office, federal funding was $6,237 per child for Head Start and $9,711 per child for Early Head Start. Programs enrolling Native American children were reimbursed at a slightly higher rate ($7,170 for Head Start and $10,019 for Early Head Start.)

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	Outcome Area	Indicator	WI	Year	Data Source/Comments
	Early Childhood Special Education, 4K, 5K	Annual cost per child	$4,910*/ $9,821	2001-02	*2001-02 School District Annual Report Data – Comparative Revenue Per Member*, Department of Public Instruction. *Reflects revenues per child (federal, state and local), PK – 12th grade; lower figure is for half-day programs (4K and part-day 5K). Actual cost per child differs by school district.
	Affordability	**Cost to Family**			
	Child Care	Percent of total family income spent on child care (direct cost to family)	6% - 16% (national)	1997	While data on percent of earnings spent on child care are not available through state administrative sources, the *1997 National Survey of America's Families* found that families spent between 6 percent and 16 percent of total income on child care. Low-earning families (those with earnings at or below 200% of the Federal Poverty Level) spent a greater proportion of their earnings on child care than did families with higher earnings (16% compared to 6%). *State Child Care Profile for Children with Employed Mothers: Wisconsin*. Assessing the New Federalism: The Urban Institute 2001.
		Child care subsidy take-up rate (percent eligible families receiving subsidized child care)	Data not available	1999-2001	State data not available. Nationally, on average, 14 percent of eligible families receive child care assistance under the federal Child Care and Development Fund. *Child Care and Development Fund: Report of State Plans for the Period 10/01/99 to 9/30/01*. US Department of Health and Human Services: Administration for Children and Families, Child Care Bureau (April 2001)
		Number of children <6 years in regulated child care receiving subsidized child care	56,252	2002	Department of Workforce Development, Division of Workforce Solutions, Office of Child Care: *2002 Child Care Payment System Annual Report*.
		Percent of all children in regulated child care who received Wisconsin (WI) Shares subsidies	26%	2002	Number of children <6 years receiving subsidy/estimated number of children <6 years in regulated settings.
		Percent of regulated child care programs with enrolled children receiving WI Shares subsidies	81%	2002	Number of providers receiving payments (from *2002 Child Care Payment System Annual Report*) divided by number of regulated providers.
		Average annual WI Shares subsidy			
		Licensed Centers	$2,559	2002	Department of Workforce Development, Division of Workforce Solutions, Office of Child Care: *2002 Child Care Payment System Annual Report*.

	Outcome Area	Indicator	WI	Year	Data Source/Comments
		Licensed Family Child Care	$2,501	2002	Department of Workforce Development, Division of Workforce Solutions, Office of Child Care: *2002 Child Care Payment System Annual Report.*
		Regular Certified Family Homes	$1,909	2002	Department of Workforce Development, Division of Workforce Solutions, Office of Child Care: *2002 Child Care Payment System Annual Report.*
	Birth to Three	Annual direct cost to family	Cost share applies for some families		A parent cost share applies to families that are at/above 250% of Federal Poverty Level. Data on the percent of families that cost share, or the average cost share, were not available.
	Head Start	Annual direct cost to family	No cost		
	Early Childhood Special Education, 4K, 5K	Annual direct cost to family	No cost		
20	**Identification Rate**				
	Birth to Three	Percent of children < three years served by program	2.36%	2001	Department of Health and Family Services, Division of Supportive Living, Bureau of Developmental Disabilities Services: *WI Birth to Three Program Annual Report 2001.* The US Department of Education estimates that two percent of all children <three are eligible for early intervention services.
	Early Childhood Special Education	Percent of all children ages 3 – 5 years served by program	Data not available		The State Department of Public Instruction reports that 12 percent of Wisconsin children ages 3 – 21 years have an identified delay/disability. Specific prevalence and identification rates for children 3 – 5 years only were not available. Nationally, approximately 30 percent of children enrolled in pre-kindergarten programs were in special education classes. *PreKindergarten in U.S. Public Schools, 2000-01.* National Center for Education Statistics, accessed online at http://nces.ed.gov/survey
ID. Community Conditions					
21	Crime Rate	Index crime rate per 100,000 population	3,321	2001	*FBI Uniform Crime Reports*, accessed online at www.fbi.gov/ucr/cius_01

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	Outcome Area	Indicator	WI	Year	Data Source/Comments
22	Family Violence	Reported Family violence incidents per 100,000 population	426		*FBI Uniform Crime Reports*, accessed online at www.fbi.gov/ucr/cius_01
		Percent of family violence incidents with children < 5 years present	Data not Available		Data not reported in Wisconsin.
23	Child Abuse/Neglect	Child abuse/neglect (CA/N) report rate per 1,000 children	27.8	2001	Department of Health and Family Services: *2001 Child Abuse and Neglect Report*. Rate is number of maltreatment reports.
		Child abuse/neglect (CA/N) substantiation rate per 1000 children	7.4	2001	Department of Health and Family Services: *2001 Child Abuse and Neglect Report*. Rate is number of substantiated child victims.
24	Neighborhood Poverty	Percent children living in high poverty neighborhoods	9%	2000	Data not collected by state administrative sources. Source is *Kids Count Census Data Online, WI Summary Profile*. High poverty defined as 20% or more of resident population below federal poverty level.
	Outcome Area	**Indicator**	**WI**	**Year**	**Data Source/Comments**
		II. Receptiveness: Schools' Readiness for Children			
IIA. Teacher Training and Professional Development					
25	Teacher Licensing Status	Percent pre-kindergarten through third grade (PK-3) teachers with Early Childhood license	51%	2001-2002	Department of Public Instruction, *School District Staff and Teacher Personnel Report PI-1202*, and *Teacher License Database*.
		Percent PK-3 teachers with Emergency License	<1%	2001-2002	Department of Public Instruction Teacher Education, Professional Development and Licensing Team.
		Percent elementary principals who also hold a license in Early Childhood	10%	2001-2002	Department of Public Instruction, *School District Staff and Teacher Personnel Report PI-1202*, and *Teacher License Database*.
26	Professional Development	Access and Participation Measures not developed.			
IIB. School Policies and Environment					
27	Parent Involvement	Percent districts with parent involvement policies	Data not Available		Data not collected. 22 districts receive Comprehensive School Reform Program federal funds, which require written parent involvement policies.

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	Outcome Area	Indicator	WI	Year	Data Source/Comments
28	School-community partnerships	Percent elementary schools partnering to offer family support services	Data not Available		Data not collected.
		Percent schools offering before/after school care	17%	2000-01	Department of Public Instruction. Twenty of 426 districts (5%) received federal funding for Community Learning Centers, which are required to provide this service. Districts may directly operate or lease building space to private program providers.
29	Student Policies	Percent children retained, K-3rd grade	1%	2000-01	Department of Public Instruction
		Percent children suspended, K-3	2%	2000-01	Department of Public Instruction
IIC. Transition Practices					
30	Transition Policies	Percent districts with transition plans for incoming kindergartners	Data not Available		Data not collected.
IID. Classrooms					
31	Class Size	Average class size, Kindergarten - 3rd grade	Data not Available		Data not collected.
		Percent districts with elementary schools participating in SAGE, a class size reduction program	56%	2002-03	Department of Public Instruction: accessed online at www.dpi.state.wi.us/dpi/oea/sage. Class size reduction strategies employed by SAGE include reducing class size, increasing the number of teachers in a classroom, or employing "floating teachers" to provide supplementary instructional assistance in academic subjects. Not all of these strategies result in gains for students.
		Percent of K-3 students participating	42%	2002-03	Department of Public Instruction
32	Teacher:child ratio	Teacher: student ratio	1: 14.5	2001-02	Department of Public Instruction, *Basic Facts About Wisconsin's Elementary and Secondary Schools, 2001-02*, Table 8, Ratios of Public School Enrollment to Staff. Represents ratio for all (K-12) schools.

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III. Ready Children					
	Outcome Area	**Indicator**	**WI**	**Year**	**Data Source/Comments**
33	*Health & Physical Development*	Indicators of developmental proficiency (motor skills, self-care, healthy lifestyle)	Data not Available		Data not collected. Data are collected on several related measures, including the percent of children K-3 identified as having vision, hearing and other physical disabilities.
34	*Social & Emotional Development*	Indicators of developmental proficiency (emotional development, self concept, social competence)	Data not Available		Data not collected. Data are collected on several related measures, including the percent of children K-3 identified as having developmental and/or emotional disabilities.
35	*Approaches to Learning*	Indicators of developmental proficiency (curiosity, engagement & persistence; invention & imagination; cognitive skills)	Data not Available		Data not collected.
36	*Language Development and Communication*	Indicators of developmental proficiency (listening and understanding; speaking and communicating; early literacy)	Data not Available		Data not collected.
		Of K-3 children receiving special education services, percent who have a primary disability of speech/language impairment	47%	2001-02	Department of Public Instruction
		Percent 3rd graders proficient or above on WRCT (WI Reading Comprehension Test)	74%	2001-02	Department of Public Instruction
37	*Cognition and General Knowledge*	Indicators of developmental proficiency (mathematical and logical thinking; scientific thinking and problem solving; social systems understanding)	Data not Available		Data not collected. Data are collected on related measures, including the percent of children K-3 identified as having cognitive disabilities

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Selected Internet Resources on School Readiness

Board on Children, Youth and Families: www7.nationalacademies.org/bocyf

Child Trends: www.childtrends.org

Getting Ready (Website of the National School Readiness Indicators Initiative): gettingready.org

National Governors' Association: www.nga.org/center/divisions

National Conference of State Legislatures: www.ncsl.org/programs/cyf/policyissues

UW-Extension School Readiness Project: www.uwex.edu/ces/flp/ready.

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Appendix 1. Wisconsin School Readiness Indicators Initiative Steering Committee

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